

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024598

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Columbia</u> TOWN <u>Columbia</u>				c. CITY <u>New Franklin</u> OR <u>Columbia</u> TOWN <u>Columbia</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 40</u>				d. STREET ADDRESS (If outside, give location) <u>Highway 40</u>			
3. NAME OF DECEASED (Type or print) <u>JAMES RICHARD STEMMONS</u>				4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 24, 1927</u>	
9. AGE (In years last birthday) <u>30yr.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Howard County Mo. U. S. A.</u>	
13. FATHER'S NAME <u>Frank Stemmons</u>				14. MOTHER'S MAIDEN NAME <u>Evel Richards</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Frank Stemmons, New Franklin, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic injuries, severe and multiple</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Single car accident, lone occupant, car left</u>				
20c. TIME OF INJURY Hour <u>12:30</u> a. m. <u>p. m.</u> Month <u>July</u> Day <u>26</u> Year <u>58</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Columbia Boone Mo</u>				
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ <u>Coroner's Case</u> on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
22a. SIGNATURE <u>Watson Neal M.D.</u>			22b. ADDRESS <u>Columbia, Mo</u>			22c. DATE SIGNED <u>7/26/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 27, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hilldale</u>		23d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 26 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	

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659

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student

Signature of Student Embalmer

Signed

Georgette Green

Licensed Embalmer No. 472

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.